

Case Number:	CM15-0059322		
Date Assigned:	04/03/2015	Date of Injury:	07/01/2013
Decision Date:	05/08/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	03/30/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, North Carolina
Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker (IW) is a 52 year old male who sustained an industrial injury on 07/01/2013. He reported pain in the lower back and pain in the neck. The injured worker was diagnosed as having lumbago, and cervicgia. Treatment to date has included acupuncture. Currently, the injured worker complains of constant pain in the low back that radiates into the lower extremities. The treatment plan includes ongoing chiropractic care and acupuncture treatment to the lumbar spine. A request for authorization was submitted for acupuncture one time a week for four weeks for the lumbar spine, and EMG/NCV of the bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Acupuncture one time a week for four week for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture Medical Treatment Guidelines Page(s): 8-9.

Decision rationale: The request is for additional acupuncture treatments of once a week for four weeks. In this case the claimant has already undergone 6 previous acupuncture treatments and is still symptomatic. The MTUS Guidelines specify that the time deemed necessary to produce functional improvement following introduction of acupuncture is three to six treatments. In this case, the proposed additional four acupuncture treatments is in excess of the MTUS Guidelines. Therefore this request is not deemed medically necessary.

EMG/NCV of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter.

Decision rationale: CA MTUS does not address EMG/NCV for lower extremities. The ODG states regarding NCV, "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy." In addition, there is no evidence of peripheral neuropathy requiring a NCV. EMG, including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than four weeks." However the EMG is not necessary if radiculopathy is already clinically obvious, as in this case. Therefore the request for EMG/NCV is deemed not medically necessary.